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FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	379014	
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMI	NGPORD
<020>	Program Year	2015	
<030>	Contact Name: Person USAC should contact with questions about this data	Gina Roney	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7192664334 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	Groney@tcatel.com	
ANNUA	AL REPORTING FOR ALL CARRIERS		54.313 54.422 Completion Required Required
<100>	Service Quality Improvement Reporting	(complete attached wa	(check bax when complete)
<200>	Outage Reporting (voice)	(complete attached wa	
<210>		outages to report	/ ///////
<300>	Unfulfilled Service Requests (voice)		
<310>	Detail on Attempts (voice)		
			(attach descriptive document)
<320>	Unfulfilled Service Requests (broadband) 0		· / //////////////////////////////////
<330>	Detail on Attempts (broadband)		(attach descriptive document)
<400>	Number of Complaints per 1,000 customers (voice)	10.000	_
<410>	Fixed 0.0		V V
<420> <430>	Mobile 0.0 Number of Complaints per 1,000 customers (broads	nand)	
<440>	Fixed 0.0	, and	
<450> <500>	Mobile 0.0 Service Quality Standards & Consumer Protection R	ules Compliance (check to indicate cert	infication)
	379014ne510.pdf	=	
<510>		(ottached descriptive	re document)
-600-	Finally all the Constitution of the Constituti		
<600>	Functionality in Emergency Situations 379014ne610.pdf	(check to indicate cert	infication)
		(attached descriptive d	ocument)
<510>			
<700>	Company Price Offerings (voice)	(complete attached w	orksheet)
<710>	Company Price Offerings (broadband)	fcomplete attached we	prksheet)
<800>	Operating Companies and Affiliates	[complete attached w	
	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability	(If yes, complete attached we (check to indicate cert	
	379014ne1010.pdf		
<1010>	×	(attach descriptive do	scument)
<1100>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate cer	iification)
<1110>		(complete attached w	présheet)
	Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional ((complete attached w	
	Including Rate-of-Return Carriers affiliated with Pri	THE TAX STORY OF THE TAX OF	
<2000>		fcheck to indicate certi	
<2005>	Rate of Return Carriers Drocand to DOB Additional	(complete ottached we	orksheet)
<3000>	Rate of Return Carriers, Proceed to ROR Additional	Socumentation worksneet (check to indicate cert)	(fication)
<3005>		fromplete attached wa	The state of the s

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The Company complies with the service quality standards set forth in the following sections of the rules of the Nebraska Public Service Commission (NE PSC):

291 Neb. Admn. Code 5-002 (Local Exchange Service)

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding (1) Verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}, (2) Truth-in-Billing Requirements {47 CFR §64.2400}, and (3) 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information
 - Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags
 - NE PSC rules 291 Neb. Admn. Code 5-004 (Subscriber Complaints of Slamming and Unauthorized Charges.

Line 610: Functionality in Emergency Situations

 The Company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god. These provisions include, but are not limited to, installing adequate battery reserve capacity where needed, training personnel in appropriate emergency procedures and maintaining the ability to reroute traffic around damaged facilities. FCC rule 47 CFR §54.202(a), NE PSC rule 291 Neb. Admn. Code 5-002.05 (Emergency Operations and Power).

Line 1010: Pricing of Voice Services

• Mobius Communications Company's retail monthly residential local service rate is \$17.50.

A STANDARD OF STREET	rvice Quality Improvement Reporting Ilection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	379014	
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMING	FORD
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Gina Roney	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Groney@tcatel.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O O	A. 60 A 4 C 10 C
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no) O O	
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.		
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only	company is a	
	required to address voice telephony service.		
	Please check these boxes below to confirm that the attached documents(s), on lit 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to Improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200)	Service	Outage	Reporting	(Voice)
Data	Collection	on Form		

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379014
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gina Roney
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Groney@tcatel.com

	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<cl></cl>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date		Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Wultiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures
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(700) Price Offerings including Voice Rate Data Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	379014	
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Gina Roney	
<035>	Contact Telephone Number - Number of person identified in data line <0.30>	7192664334 ext.	N 7594ii

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge
17.5

<039> Contact Email Address - Email Address of person identified in data line <030> Groney@ccatel.com

	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	 cb4>	<b5></b5>	<c></c>
Г			and letter	# W &	Residential Local		5. 1. 11	Mandatory Extended Area	
-	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and F

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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	379014
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gina Roney
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Groney@tratel.com

		<b1></b1>	<b2></b2>	(0)	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
				hed		er com		
	-//-		worksheet -					
				01 WW				10.7
	1 10 111) (AAAAA)				9888
		1000						
	State	State Exchange (HEC)	State Exchange (ILEC) Residential Rate	State Exchange (ILEC) Residential Rate Fees	State Exchange (ILEC) Residential Rate Fees Total Rate and Fees - See attached	State Exchange (ILEC) Residential Rate State Regulated Fees Total Rate and Fees (Mbps) Soe attached	State Exchange (ILEC) Residential Rate State Regulated Fees Total Rate and Fees (Mbps) Upload Speed (Mbps) See attached	State Exchange (ILEC) Residential Rate State Regulated Fees Total Rate and Fees (Mbps) Upload Speed (Mbps) Upload Speed (Mbps) Upload Speed (Mbps) Seed (Mbps) Seed (Mbps) Upload Speed (Mbps) Seed (Mbps)

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		379014
<015>	Study Area Name		MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
<020>	Program Year		2015
<030>	Contact Name - Person	USAC should contact regarding this data	Gina Ropey
<035>	Contact Telephone Nur	nber - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address	Email Address of person identified in data line <030>	Groney@tcatel.com
<810>	Reporting Carrier	Mobius Communications Company	
<811>	Holding Company	Hemingford Cooperative Telephone Company	
<812>	Operating Company	N/A	

<813>	<al></al>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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	bal Lands Reporting	FCC Form 481
ata Coll	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	379014
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gina Roney
<035>	Contact Telephone Number - Number of person identified in data line <030	
<039>	Contact Email Address - Email Address of person identified in data line <030	O> Groney@tcatel.com
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
If your o	company serves Tribal lands, please select (Yes,No, NA) for each these boxes	
to confi	rm the status described on the attached document(s), on line 920,	
demons	strates coordination with the Tribai government pursuant to	Select
	3(a)(9) includes:	(Yes,No, NA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
922>	Feasibility and sustainability planning;	
923>	Marketing services in a culturally sensitive manner;	
924>	Compliance with Rights of way processes	
925>	Compliance with Land Use permitting requirements	
926>	Compliance with Facilities Siting rules	The state of the s
1250%	557-74. Table 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	Compliance with Environmental Review processes	
<927> <928>	Compliance with Environmental Review processes Compliance with Cultural Preservation review processes	

<010> Study Area Code <015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> Please check this box to confirm no terrestrial backhaul <1120> options exist within the supported area pursuant to § 54.313(G) Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps	<010>	Study Area Code	379014
<030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> Please check this box to confirm no terrestrial backhaul <1120> options exist within the supported area pursuant to § 54.313(G) Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps	<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
Contact Telephone Number - Number of person identified in data line <030> 7192664334 ext. Contact Email Address - Email Address of person identified in data line <030> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps	<020>	Program Year	2015
Contact Email Address - Email Address of person identified in data line <030> Groney@tcatel.com Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps	<030>	Contact Name - Person USAC should contact regarding this data	Gina Roney
Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps	<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<1120> options exist within the supported area pursuant to § 54.313(G) Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps	<039>	Contact Email Address - Email Address of person identified in data line <030>	Groney@tcatel.com
broadband service of at least 1 Mbps downstream and 256 kbps	<1120>		
	<1130>	broadband service of at least 1 Mbps downstream and 256 kbps	

<010> Study Area Code 378014 <015> Study Area Name MOBIUS COMMUNICATIONS COMPANY, REMINGFORD <020> Program Year 2015 <030> Contact Name - Person USAC should contact regarding this data Gina Roney <035> Contact Telephone Number - Number of person identified in data line <030> 7192664334 ext. <039> Contact Email Address - Email Address of person identified in data line <030> Groney#tcate1.com Terms & Conditions of Voice Telephony Lifeline Plans Name of Attached Document **Interpretation of Plant Conditions of Voice Telephony Lifeline Plans **Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to	VB Control No. 3060-0819
CO20> Program Year 2015 CO30> Contact Name - Person USAC should contact regarding this data 3 sins Roney CO35> Contact Telephone Number - Number of person identified in data line <030> 7192664334 ext. CO39> Contact Email Address - Email Address of person identified in data line <030> Groney@tcate1.com 379014ne1210.pdf C1210> Terms & Conditions of Voice Telephony Lifeline Plans Name of Attached Document C1220> Link to Public Website HTTP "Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to	
Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Groneysteatel.com 379014ms1210.pdf Terms & Conditions of Voice Telephony Lifeline Plans Name of Attached Document Link to Public Website HTTP "Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to	1,71100.00
<035> Contact Telephone Number - Number of person identified in data line <030> 7192664334 ext. <039> Contact Email Address - Email Address of person identified in data line <030> Groneystcate1.com <1210> Terms & Conditions of Voice Telephony Lifeline Plans Name of Attached Document <1220> Link to Public Website HTTP "Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to	
Contact Email Address - Email Address of person identified in data line <030> Groney@tcatel.com 379014ne1210.pdf Claim & Conditions of Voice Telephony Lifeline Plans Name of Attached Document Link to Public Website HTTP "Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to	
<1210> Terms & Conditions of Voice Telephony Lifeline Plans Name of Attached Document <1220> Link to Public Website HTTP "Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to	
<1210> Terms & Conditions of Voice Telephony Lifeline Plans Name of Attached Document <1220> Link to Public Website "Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to	
<1220> Link to Public Website HTTP "Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to	
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to	1,000
or the website listed, on line 1220, contains the required information pursuant to	
§ 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	
<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222> Details on the number of minutes provided as part of the plan,	
<1223> Additional charges for toll calls, and rates for each such plan.	

LIFELINE

Mobius Communications Company

523 Niobrara Avenue, Hemingford, NE 69348

223 Box Butte Avenue, Alliance, NE 69301

(308) 487-5500 or toll free (877) 266-2487

Lifeline

Because everyone in Nebraska deserves access to affordable telephone service.

Through the Nebraska Telephone Assistance Program, qualified low income households can receive a \$9.25 per month discount (Lifeline) on their basic monthly landline or wireless phone service.

You may qualify for these services if you are already participating in programs such as Medicaid, Kids Connection (SAM, MAC, EMAC), Supplemental Security Income, Low- Income Home Energy Assistance, Supplemental Nutritional Assistance Program, National School Lunch Program Free Lunch Program, Federal Public Housing, Temporary Assistance for Needy or your income is at or below 135% of the poverty level.

Lifeline is a government assistance program, the service is non-transferable, only eligible consumers may enroll in the program, and the program is limited to one discount per household. Customers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

To apply for this program complete an application form and provide proof of eligibility as directed on the application. Applications are available online at www.psc.state.ne.us or by calling the Nebraska Public Service Commission at 402-471-3101 or (toll free) 800-526-0017. Applications may also be obtained by contacting the office of Mobius Communications Company or by mailing a request to:

NTAP

P.O. Box 94927

Lincoln. NE 68509-4927

(2000) Pr	ice Cap Carrier Additional Documentation			FCC Form 481
Data Coll	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rote-of-Return Carriers affiliated with Price Cap Lacal Exchange Carriers	· · · · · · · · · · · · · · · · · · ·		July 2013
<010>	Study Area Code	379014		
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFO	RD .	
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Gina Roney		
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	Groney@tratel.com		400000000000000000000000000000000000000
CHECK th	ne baxes below to note compliance as a recipient of Incremental Connect Ameri	ca Phase I support, frozen High Cost support, Hig	h Cost support to offset ac	ccess charge reductions, and Connect America Phase II
	support as set forth in 47 CFR § 54.313(b),(c),(d),(c	e) the information reported on this form and in t	ne documents attached be	low is accurate.
	Incompatible Control & Lord March Control			
<2010>	Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § \$4.313(b)(1))			
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))			
<2011>	Sid fear Ceronication (47 CFR g 54.515(b)(2))		_	
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Certification			
<2013>	2014 Frozen Support Certification			
<2014>	2015 Frozen Support Certification			
<2015>	2016 and future Frozen Support Certification			
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))			
<2016>	Certification Support Used to Build Broadband			
12010	Certification Support Ones to baile broadward			
	Connect America Phase II Reporting (47 CFR § 54.313(e))		STORE	
<2017>	3rd year Broadband Service Certification			
<2018>	Sth year Broadband Service Certification			
<2019>	Interim Progress Certification			
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providing calendar year.	line 2021, contains the required information shall provide the number, names, and ng access to broadband service in the		
<2021>	Interim Progress Community Anchor Institutions	Name of A	tached Document Listing F	Required Information
	CURANIA - A - A - A - A - A - A - A - A - A -	Name of A	racined poeument eisting r	Lauring model

(3000) P	ate Of Return Carrier Additional Documentation		FCC Form 481
The section	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
CON CON			July 2013
	5 TO THE RESERVE TO THE PERSON OF THE PERSON		1000
<010>	Study Area Code	379014	
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD	· · · · · · · · · · · · · · · · · · ·
<020>	Program Year Contact Name - Person USAC should contact regarding this data	2015 Gina Roney	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Gronev@tcatel.com	
CHECK	he boxes below to note compliance on its five year service quality plan (pursuan CFR § 54.313(fH2). I further certify that th	it to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring one information reported on this form and in the documents attached	
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(1)(1)(1))	on sinchings when 5 moving	10
		Name of Attached Document Listing Required Information	tion
	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addreproviding access to broadband service in the preceding calendar year.		
/2m12/	Community Anchor Institutions (47 CFR § \$4.313(f)(1)(ii))		
(3012)	Community Alichor institutions (47 CFR § 34,31 Stratting		
		Name of Attached Document Usting Required Information	
2770.200.200	is your company a Privately Held ROR Carrier (47 CFR § 54.313 $\{f\}\{2\}$) if yes, does your company file the RUS annual report	(Yes/No) (Yes/No)	88
Please	check these boxes to confirm that the attached document(s), on line 3017	r, contains the required information pursuant to § 54.313(f)(2	compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Car	sh Flows	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		
		Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No))(C)
	If the response is yes on line 3018, please check the baxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fo	ormat comparable to RUS Operating Report for Telecommunications	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Co		
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.	
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(1)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 21 a financial report in a format comparable to 8US Operating Report for Telecommunications Borrowers.		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
	Underlying Information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows	
(3026)	Attach the worksheet listing required information		
	Ĺ		
		Name of Attached Document Listing Required Information	

Data Collection Form	OM8 Control No. 3060-0986/OMB Control No. 3060-0819
Date Conection Form	July 2013

<010>	Study Area Code	379014
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGPORD
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gina Roney
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Groney@tcatel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/17/2014

Printed name of Authorized Officer: Tonya Mayer

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 3084875500 ext.

Study Area Code of Reporting Carrier: 379024 Filling Due Date for this form: 06/30/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, \$03(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

PARTY OF THE PARTY	ion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	379014
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gina Roney

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030> 7192664334 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> Geoney#tcate1.com

certify that (Name of Agent)	Is authorized to submit the information reported on behalf of the reporting carri
also certify that I am an officer of the reporting carrier; my resp agent; and, to the best of my knowledge, the reports and data p	sibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorize Ided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent A	Authorized to File Annual Reports for CAF or LI Recipie	nts on Behalf of Reporting Carrier
7. [2] (1. [4] [1. [4] [1. [4] [1. [4] [1. [4] [1. [4] [1. [4] [1. [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]	orized to submit the annual reports for universal service support eporting carrier; and, to the best of my knowledge, the informat	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		1.0
fitle or position of Authorized Agent or Employee of Agent		<u> </u>
Telephone number of Authorized Agent or Employee of Age	ent:	
Study Area Code of Reporting Carrier:	Filing Due Data for this form:	

Attachments

(700)	Price Offerings including Voice Rate Data	
Data	Collection Form	

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379014
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
<020>	Program Year	2015
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Groney@tcatel.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<0>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
NB	Alliance		PR	17.5	0.0	1,22	0.0	18.72
NE	Crawford/Whitney		FR	17.5	6.0	1,22	0.0	18.72
NE	Chadron		FR	17.5	0.0	1.22	0,0	18.72
NE	Bridgeport		PR	17.5	0.0	1.22	0.0	18.72
BE	Sidney		PR	17.5	0.0	1-22	0.0	18.72
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<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2></d2>	<d2> <d3></d3></d2>		<d4></d4>
		Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates		Broadband Service -Upload Speed (Mbps)	Usage Allowance	Usage Allowance
	State				and Fees	Download Speed		(GB)	Action Taken
						(Mbps)			When Limit Reached (select)
	NE	Alliance	60.0	0.0	60.0	5.0	5.0	0.0	Other, NA
	NE	Alliance	80.0	0.0	80.0	10.0	10.0	0.0	Other, NA
	NE	Alliance	95.0	0.0	95.0	20.0	20.0	0.0	Other, NA
	NE	Alliance	115.0	0.0	115.0	50.0	50.0	0.0	Other, NA
	NE	Alliance	60.0	0.0	60.0	5.0	1.0	0.0	Other, NA
	NE	Alliance	80.0	0.0	80.0	10.0	1.0	0.0	Other, NA
	NE	Chadron	60.0	0.0	60.0	5.0	1.0	0.0	Other, NA
	NE	Chadron	80.0	0.0	80.0	10.0	1.0	0.0	Other, NA
	NE	Crawford	60.0	0.0	60.0	5.0	5.0	0.0	Other, NA
	NE	Crawford	80.0	0.0	80.0	10.0	10.0	0.0	Other, NA
	NE	Crawford	95.0	0.0	95.0	20.0	20.0	0.0	Other, NA
	NE	Crawford	115.0	0.0	115.0	50.0	50.0	0.0	Other, NA
	NE	Crawford	60.0	0.0	60.0	5.0	1.0	0.0	Other, NA
	NE	Crawford	80.0	0.0	80.0	10.0	1.0	0.0	Other, NA
			L						